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APPLICANTS
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**** CONTINUING DATA *******
09/690,615
THIS APPLICATION IS A CIP OF 09/690,615 10/17/2000 * *CHL 4/14/04*
(*) Data inconsistent with PTO records.

**** FOREIGN APPLICATIONS *******
NONE CHL 4/14/04

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
** 11/30/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 4	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Carl W. Zapp</i> Examiner's Signature Initials				

ADDRESS
22249

TITLE
Systems and methods for communicating with implantable devices

FILING FEE RECEIVED 597	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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